

the industrialized world life expectancy. For this woman, divorce meant the loss of her health care coverage, which meant she could not afford follow up care to address her cancer, a type of cancer that is often curable if found early.

This story shows the need to improve our system, so women can still afford health insurance after they divorce or lose their jobs, and it shows why health reform must adequately cover all the preventive services that women need to stay healthy.

I urge my colleagues to join me in supporting the Mikulski amendment.

The PRESIDING OFFICER. The Senator from Kentucky.

Mr. BUNNING. Mr. President, is the pending business still the health care reform bill?

The PRESIDING OFFICER. It is, and the motion to commit.

Mr. BUNNING. Mr. President, Republicans and Democrats alike agree that Congress needs to look at ways to reform our health care system. Too many Americans are uninsured, underinsured, or cannot afford the health insurance they have.

Reforming health care, which amounts to over 17 percent of our gross domestic product, is no easy task, and it is a process that should not be rushed. I believe Congress should move in an incremental approach to reforming health care. We are restructuring one-sixth of our national economy with this bill, and we should be darn sure we know what we are doing. I believe Congress should work in a bipartisan way to draft reform legislation instead of working in secret behind closed doors.

I support measures such as passing medical malpractice reform, allowing small businesses to band together to buy insurance, and allowing individuals to buy insurance across State lines. These strategies will help lower costs, make insurance more affordable, and increase coverage. That should be the goal of health care reform, and we can do this without putting Washington bureaucrats and Members of Congress in control of our health care. This seems like a win-win situation to me.

I also support the bill introduced earlier this year by Senators COBURN and BURR called the Patients' Choice Act which reforms the health care system. This bill helps States establish State-based exchanges, helps low-income families with health care costs, and improves health care savings accounts. I have heard members of the majority party claim that Republicans don't have a health care plan. They couldn't be more wrong. We just don't have a 2,000-plus page bill as they do that will drive up premiums, cut Medicare by $\frac{1}{2}$ trillion, and raise taxes on all Americans. We just don't have a bill as they do that costs \$2.5 trillion and will threaten the future of our children and grandchildren as they struggle to pay the debts we are leaving them.

I wish to take a few minutes to explain my concerns with the bill that

Senator REID has laid out before us. Unfortunately, it is hard to even know where to start. As I said, this bill is over 2,000 pages long. Its table of contents—the table of contents—is 13 pages long. It was written behind closed doors by a small group of hand-picked people by the majority leader, so most of us in the Senate, and the American people, had no idea what was in it before it was released. For a majority party that billed itself as being transparent, they certainly failed in writing this bill.

The bill we have before us changes the way health care is delivered in this country. It will affect every American regardless of whether they have insurance, regardless of whether they are satisfied with their insurance, or even if they are on Medicare. We need to make sure we know what we are doing and know what the long-term consequences are of any changes we make. At this point, I am not confident that we do.

This bill will cost \$2.5 trillion over 10 years when fully implemented. It raises taxes by almost $\frac{1}{2}$ trillion. It cuts almost $\frac{1}{2}$ trillion from the Medicare Program. Yet it still leaves 24 million people uninsured. The bill jeopardizes the ability of Americans to keep their own doctor and will lead to the rationing of care.

The recent recommendations of the U.S. Preventive Services Task Force on breast cancer screening should be a wakeup call to all Americans about Washington bureaucrats meddling in their health care. Under this bill, health care premiums will rise, 5 million Americans will lose their employer coverage, and 15 million more will be added to Medicaid and the CHIP program. I think this is a move in the wrong direction.

Medicaid often underpays medical providers for treating patients which makes it hard for doctors who want to treat these patients and hard for patients to find doctors to treat them. We should be finding ways to help people better afford private insurance, not simply adding them to the public dole. This bill puts Washington bureaucrats and Members of Congress in control over many aspects of our health care which should scare everyone within the sound of my voice.

For example, starting in 2014, Washington will require most Americans to prove they have health insurance or pay a penalty tax. The penalty will be phased in over a couple of years, but in 2016, the penalty will be \$750 per person with a maximum of \$2,250 for a family. These amounts are indexed in future years, however, so the penalty will continue to increase.

If you aren't in one of the bill's special exemption categories, you will have to prove that you and your family have insurance when you sit down to fill out your taxes. If you don't, then you will get to send Uncle Sam an additional \$750 or \$2,250 on April 15.

I know the authors of this bill will try to argue that since their bill leads

to nearly universal coverage, most Americans would not be affected by this tax. That couldn't be further from the truth. According to the Congressional Budget Office, the official scorekeeper, this bill leaves 24 million Americans uninsured. Twenty-four million Americans without insurance is not "universal coverage" or anything close to it. Also, Members of Congress are going to be telling people what type of insurance they have to buy, and we will not even be giving every American access to the cheapest plan on the market.

The bill requires that only four types of health care insurance can be offered in the exchange: bronze, silver, gold, and platinum. All the plans would have to offer certain benefits and meet certain criteria. However, the bill creates a special catastrophic plan for only special groups of people: those under the age of 30 and those who don't have affordable coverage. It doesn't matter that many more people want this level of coverage. If they aren't under 30 or meet some type of income eligibility test, they are just out of luck.

Catastrophic coverage is the right type of coverage for many different types of Americans, including singles, younger people, and the healthy. It is very likely to be the cheapest plan affordable on the exchange. Think about this: a young woman in her thirties, she eats right, she exercises, doesn't smoke, takes good care of herself. She wants a catastrophic plan, and it is all she needs. Under this bill, she couldn't buy into the catastrophic plan because of her age. Members of Congress tell her she isn't entitled to the cheapest plan on the market because she is too old. She is in her thirties. Or think of the 29-year-old male who has been enrolled in this catastrophic plan in his early twenties. On his next birthday, the Federal Government has a big birthday surprise for him. He will get kicked out of the insurance plan he has enjoyed for years and will be forced to join a more expensive health care plan. That is a wonderful birthday gift.

I don't think Congress's role is to require all Americans to buy insurance. I don't think Washington bureaucrats and elected Members of Congress should be dictating what health care options are available for the entire country.

I understand the importance of insurance. I think everyone should have insurance, but I don't think it is the Federal Government's responsibility to force people to buy it or micromanage what insurance looks like.

This bill also makes huge cuts in Medicare which will affect every senior. The bill cuts—and we have heard it many times today—\$465 billion from the Medicare Program. These cuts would not be used to shore up the Medicare Program which will be insolvent in just about 8 years. Instead, these cuts will be used to fund new government spending. This move further jeopardizes the viability of the Medicare Program.